Frederick County, Maryland **ADA/504 Complaint/Grievance Form**

Contact Information: P. O. Box/ Apartment/Unit Number: Street: City: State: E-mail: Best means to contact you: Complaint/Grievance: What is the nature of you complaint or grievance? Please include the date and location of the matter. Plea attach any related documents or additional materials that relate to your case. Location information: Street: nearest house number: City/Community name: Zip: Do you prefer any special accommodations that will assist us in contacting you?	Name of Complainant:			
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Street:		Contact Information:		
Street:	P. O. Box/ Apartment/Unit Number:			
City:				
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	City/Community name:		_Zip:	
Signature of Complainant/Preparer Date	Do you prefer any special accommoda	ations that will assist us in contacting	you?	
Signature of Complainant/Preparer Date				
	Signature of Complainant/Preparer		Date	

Return this form to: County-wide ADA Title II Coordinator

Division of Human Resources

Frederick County Government

Winchester Hall 12 East Church Street Frederick, Maryland 21701 Phone: (301) 600-1747 Fax: (301) 600-2314

OT ran Eng Email @Frederick County MD. gov

TTY: Use Maryland Relay